

DATE: 3/16/93

FROM: KOSOWSKI

BETHLEHEM

BUCKS CO. HEALTH

CHESTER CO. HEALTH

DELAWARE CO. OFFICE

PHILADELPHIA CO. HEALTH

READING

LITIGATION-Philadelphia

EPA-6th & WALNUT

☒ HARRISBURG

Building MARKET STREET STATE OFFICE BUILDING

Floor 14

Bureau WM

Person ED KARMALOVICH

Message:

SUBSEQUENT NOTIFICATION- CHANGE
IN STATUS

SPRAY PRODUCTS CORP.
P.O. BOX 737
NORRISTOWN, PA 19404

215-277-1010

DAY/TIMER
Time-Saver

LETTER

IN REFERENCE TO:

175

AIRMAIL ☐ FIRST CLASS MAIL ☐ INTER-OFFICE ☐

FOR MR. BRIAN KOSOWSKI
PADER
CONSHOHOCKEN, PA 19428

U.S. DEPT. OF ENVIRONMENTAL PROTECTION
SOUTHEAST REGION

MAR 09 1993

HOW TO USE THIS

DAY/TIMER

Time-Saver LETTER TO SAVE TIME.

Type or write your reply in the space below. Then mail the white copy to us and keep the pink copy for your files. You'll save time and effort, and we'll have your answer much faster! Thank you.

MESSAGE

DATE:

3/8/93

DEAR MR. KOSOWSKI:

AS REQUESTED, WE ARE ENCLOSING A "SUBSEQUENT NOTIFICATION OF REGULATED WASTE ACTIVITY" (FORM 8700-12) ALONG WITH THE PA. DEPT. OF ENVIRONMENTAL RESOURCES SUPPLEMENT FORM (ER-WM-53: 7/86). YOU WILL NOTE THAT WE HAVE NOT STORED HAZARDOUS WASTE ON OUR PROPERTY SINCE AUGUST, 1983 AT WHICH TIME BOTH PADER AND USEPA WERE NOTIFIED.

HOPEFULLY, THIS ~~WILL~~ GET OUR FACILITY REMOVED FROM THE USEPA DATA BASE WHICH LISTS US A TSD FACILITY.

SINCERELY
SPRAY PRODUCTS CORP.
Andrew Orr
BY ANDREW A. ORR, PRESIDENT

REPLY

DATE:

BY

<small>Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).</small>	<div style="display: flex; align-items: center; justify-content: center;"><div><h2 style="margin: 0;">Notification of Regulated Waste Activity</h2><p style="margin: 0;">United States Environmental Protection Agency</p></div></div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Date Received (For Official Use Only)</div>
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)		
<input type="checkbox"/> A. First Notification	<input checked="" type="checkbox"/> B. Subsequent Notification <small>(complete item C)</small>	C. Installation's EPA ID Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">P A D 0 4 2 7 1 6 0 8 4</div>
II. Name of Installation (Include company and specific site name)		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">S P R A Y P R O D U C T S C O R P O R A T I O N</div>		
III. Location of Installation (Physical address not P.O. Box or Route Number)		
Street <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 3 2 3 C O N S H O H O C K E N R O A D</div>		
Street (continued) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
City or Town <div style="border: 1px solid black; padding: 2px; display: inline-block;">N O R R I S T O W N</div>		State ZIP Code <div style="border: 1px solid black; padding: 2px; display: inline-block;">P A 1 9 4 0 1 -</div>
County Code	County Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">M O N T G O M E R Y</div>	
IV. Installation Mailing Address (See instructions)		
Street or P.O. Box <div style="border: 1px solid black; padding: 2px; display: inline-block;">P O B O X 7 3 7</div>		
City or Town <div style="border: 1px solid black; padding: 2px; display: inline-block;">N O R R I S T O W N</div>		State ZIP Code <div style="border: 1px solid black; padding: 2px; display: inline-block;">P A 1 9 4 0 4 - 0 7 3 7</div>
V. Installation Contact (Person to be contacted regarding waste activities at site)		
Name (last) <div style="border: 1px solid black; padding: 2px; display: inline-block;">O R R</div>		(first) <div style="border: 1px solid black; padding: 2px; display: inline-block;">A N D R E W</div>
Job Title <div style="border: 1px solid black; padding: 2px; display: inline-block;">R E S I D E N T</div>		Phone Number (area code and number) <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 1 5 - 2 7 7 - 1 0 1 0</div>
VI. Installation Contact Address (See instructions)		
A. Contact Address Location <input type="checkbox"/> Mailing <input checked="" type="checkbox"/> B. Street or P.O. Box		
City or Town <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
State		ZIP Code <div style="border: 1px solid black; padding: 2px; display: inline-block;">-</div>
VII. Ownership (See instructions)		
A. Name of Installation's Legal Owner <div style="border: 1px solid black; padding: 2px; display: inline-block;">S P R A Y P R O D U C T S C O R P O R A T I O N</div>		
Street, P.O. Box, or Route Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">P O B O X 7 3 7</div>		
City or Town <div style="border: 1px solid black; padding: 2px; display: inline-block;">N O R R I S T O W N</div>		State ZIP Code <div style="border: 1px solid black; padding: 2px; display: inline-block;">P A 1 9 4 0 4 - 0 7 3 7</div>
Phone Number (area code and number) <div style="border: 1px solid black; padding: 2px; display: inline-block;">2 1 5 - 2 7 7 - 1 0 1 0</div>		B. Land Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">P</div>
C. Owner Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">P</div>		D. Change of Owner Indicator Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(Date Changed) Month Day Year		

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)

- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F003	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Andrew A. Orr

Name and Official Title (type or print)

ANDREW A. ORR - PRESIDENT

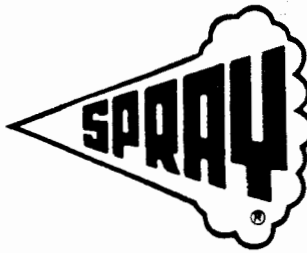
Date Signed

3/8/93

XI. Comments

WE HAVE NOT STORED WASTES ON OUR PROPERTY SINCE AUGUST 1983.
 PADER WAS NOTIFIED 9/6/83. USEPA WAS NOTIFIED 7/25/83.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



PRODUCTS CORPORATION

HOME OFFICE

P.O. BOX 737
NORRISTOWN, PENNSYLVANIA 19404
TELEPHONE 215-277-1010 CABLE: SPRAYCO

December 6, 1983

Mr. Gayle Leader
Sanitary Engineer
Division of Hazardous Waste Management
Department of Environmental Resources
Commonwealth of Pennsylvania
P.O. Box 2063
Harrisburg, PA 17120

RE: PAD042716084

Dear Mr. Leader:

At the request of Anthony Taylor, Solid Waste Specialist, DER, Norristown, PA, we are resubmitting the notification form showing a change in the designation of our waste from D001, ignitable waste, to U002, acetone, since acetone is the largest single component of our waste "wash" solvent.

To complicate matters, we are changing our wash solvent to a reclaimed product called Cyclesolv 60, an Inland Chemical product, which is a 60% minimum blend of ketones and esters, 40% maximum blend of alcohols and aromatic hydrocarbons, and 5% maximum chlorinated hydrocarbons. We are attempting to get a more definitive breakdown of the product, but in the meantime, we believe this should be designated as ignitable wastes, D001, and perhaps should be retained in our activity report. We would appreciate your advice on this.

We have also enclosed, at Mr. Taylor's request, quarterly reports for all those quarters in which waste was not removed from the site for recycling. We misunderstood the regulations and only filed when waste was shipped off the site.

Sincerely,

SPRAY PRODUCTS CORPORATION

Andrew A. Orr
President

AAO/lmw

Enclosures

DEC 9 1983

DIV. OF HAZARDOUS

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inactivate
at this
time
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sylvania Department of Environmental Resources
BUREAU OF SOLID WASTE MANAGEMENT
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

ER-SWM-53: Rev. 3/82

I INSTALLATION'S EPA I.D. NUMBER									
PAD042716084									
II NAME OF INSTALLATION									
SPRAY PRODUCTS CORPORATION									
III INSTALLATION MAILING ADDRESS									
STREET OR P. O. BOX									
P.O. BOX 737									
CITY OR TOWN								ST.	ZIP CODE
NORRISTOWN								PA	19404
IV LOCATION OF INSTALLATION									
STREET OR ROUTE NUMBER							MUNICIPALITY		
E/S CONSHOHOCKEN ROAD							PLYMOUTH TOWNSHIP		
CITY OR TOWN					ST.	ZIP CODE	COUNTY		
NORRISTOWN					PA	19401	MONTGOMERY		
V INSTALLATION CONTACT									
NAME AND TITLE (last, first, & job title)								PHONE NO. (area code & no.)	
CRR, ANDREW A. PRESIDENT								21512771010	
VI OWNERSHIP									
A. NAME OF INSTALLATION'S LEGAL OWNER									
SPRAY PRODUCTS CORPORATION									
B. TYPE OF OWNERSHIP									
(enter the appropriate letter into box)									
F = FEDERAL M = NON-FEDERAL									
M									
VII SIC CODES (4-digit in order of priority)									
A. FIRST					C. THIRD				
2899 (specify) CHEMICAL SPECIALTIES					(specify)				
B. SECOND					D. FOURTH				
2851 (specify) AEROSOL PAINTS					(specify)				
VIII TYPE OF HAZARDOUS WASTE ACTIVITY									
<input checked="" type="checkbox"/> A. GENERATION <input type="checkbox"/> C. STORE <input type="checkbox"/> E. TRANSPORTATION (COMPLETE ITEM IX) <input type="checkbox"/> G. REUSE, RECYCLE, RECLAIM									
<input type="checkbox"/> B. TREAT <input type="checkbox"/> D. DISPOSE <input type="checkbox"/> F. PERMIT BY RULE <input type="checkbox"/> H. OTHER (specify):									
IX MODE OF TRANSPORTATION (transporters only)									
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify):									
X EXISTING ENVIRONMENTAL PROGRAM PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
B. UIC (Underground Injection of Fluids)					E. SOLID WASTE				
C. RCRA (Hazardous Wastes)					F. OTHER				
					(specify)				
XI. TYPE OF NOTIFICATION.									
Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).									
<input type="checkbox"/> A. FIRST NOTIFICATION <input checked="" type="checkbox"/> C. DELETION OF A WASTE <input type="checkbox"/> E. DELETION OF AN ACTIVITY									
<input type="checkbox"/> B. CHANGE OF GENERAL INFORMATION <input checked="" type="checkbox"/> D. ADDITION OF A WASTE <input type="checkbox"/> F. ADDITION OF AN ACTIVITY									

CONTINUE ON REVERSE

XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from §75.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
0002					
37	38	39	40	41	42
43	44	45	46	47	48

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See §75.261(g)(2) through (5))

☐ 1. IGNITABLE

☐ 2. CORROSIVE

☐ 3. REACTIVE

☐ 4. EP TOXIC

XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Andrew A. Orr

NAME and OFFICIAL TITLE (Type or Print)

ANDREW A. ORR
PRESIDENT

DATE SIGNED

11/28/83

FOR OFFICIAL USE ONLY



PRODUCTS CORPORATION

HOME OFFICE

P.O. BOX 737
NORRISTOWN, PENNSYLVANIA 19404
TELEPHONE 215-277-1010 CABLE: SPRAYCO

December 6, 1983

Mr. Gayle Leader
Sanitary Engineer
Division of Hazardous Waste Management
Department of Environmental Resources
Commonwealth of Pennsylvania
P.O. Box 2063
Harrisburg, PA 17120

RE: PAD042716084

Dear Mr. Leader:

At the request of Anthony Taylor, Solid Waste Specialist, DER, Norristown, PA, we are resubmitting the notification form showing a change in the designation of our waste from D001, ignitable waste, to U002, acetone, since acetone is the largest single component of our waste "wash" solvent.

To complicate matters, we are changing our wash solvent to a reclaimed product called Cyclesolv 60, an Inland Chemical product, which is a 60% minimum blend of ketones and esters, 40% maximum blend of alcohols and aromatic hydrocarbons, and 5% maximum chlorinated hydrocarbons. We are attempting to get a more definitive breakdown of the product, but in the meantime, we believe this should be designated as ignitable wastes, D001, and perhaps should be retained in our activity report. We would appreciate your advice on this.

We have also enclosed, at Mr. Taylor's request, quarterly reports for all those quarters in which waste was not removed from the site for recycling. We misunderstood the regulations and only filed when waste was shipped off the site.

Sincerely,

SPRAY PRODUCTS CORPORATION

Andrew A. Orr
Andrew A. Orr
President

AAO/lmw

Enclosures



BUREAU OF SOLID WASTE MANAGEMENT
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

ER-SWM-53: Rev. 3/82

I. INSTALLATION'S EPA I.D. NUMBER			
PA D042716084			
II. NAME OF INSTALLATION			
SPRAY PRODUCTS CORPORATION			
III. INSTALLATION MAILING ADDRESS			
STREET OR P. O. BOX			
P.O. BOX 737			
CITY OR TOWN			ST. ZIP CODE
NORRISTOWN			PA 19404
IV. LOCATION OF INSTALLATION			
STREET OR ROUTE NUMBER			MUNICIPALITY
E/S CONSHOHOCKEN ROAD			PLYMOUTH TOWNSHIP
CITY OR TOWN	ST.	ZIP CODE	COUNTY
NORRISTOWN	PA	19401	MONTGOMERY
V. INSTALLATION CONTACT			
NAME AND TITLE (last, first, & job title)			PHONE NO. (area code & no.)
ORR, ANDREW A. PRESIDENT			215 277 1010
VI. OWNERSHIP			
A. NAME OF INSTALLATION'S LEGAL OWNER			
SPRAY PRODUCTS CORPORATION			
B. TYPE OF OWNERSHIP			
(enter the appropriate letter into box)			
F = FEDERAL M = NON-FEDERAL M			
VII. SIC CODES (4-digit in order of priority)			
A. FIRST		C. THIRD	
2899 (specify) CHEMICAL SPECIALTIES			
B. SECOND		D. FOURTH	
2851 (specify) AEROSOL PAINTS			
TYPE OF HAZARDOUS WASTE ACTIVITY			
<input checked="" type="checkbox"/> A. GENERATION	<input type="checkbox"/> C. STORE	<input type="checkbox"/> E. TRANSPORTATION (COMPLETE ITEM IX)	<input type="checkbox"/> G. REUSE, RECYCLE, RECLAIM
<input type="checkbox"/> B. TREAT	<input type="checkbox"/> D. DISPOSE	<input type="checkbox"/> F. PERMIT BY RULE	<input type="checkbox"/> H. OTHER (specify):
IX. MODE OF TRANSPORTATION (transporters only)			
<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify):
X. EXISTING ENVIRONMENTAL PROGRAM PERMITS			
A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
B. UIC (Underground Injection of Fluids)		E. SOLID WASTE	
C. RCRA (Hazardous Wastes)		F. OTHER	
		(specify)	
XI. TYPE OF NOTIFICATION			
Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).			
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<input type="checkbox"/> B. CHANGE OF GENERAL INFORMATION	<input checked="" type="checkbox"/> D. ADDITION OF A WASTE	<input type="checkbox"/> F. ADDITION OF AN ACTIVITY	

CONTINUE ON REVERSE

XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

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C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from §75.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
01002					
37	38	39	40	41	42
43	44	45	46	47	48

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See §75.261(g)(2) through (5))

☐ 1. IGNITABLE☐ 2. CORROSIVE☐ 3. REACTIVE☐ 4. EP TOXIC**XIII CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME and OFFICIAL TITLE (Type or Print)

ANDREW A. ORR
PRESIDENT

DATE SIGNED

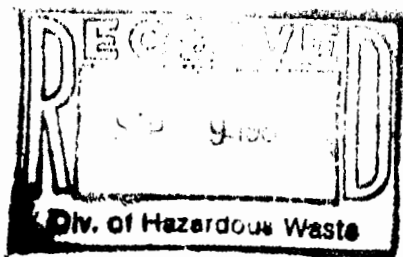
11/28/83

FOR OFFICIAL USE ONLY



PRODUCTS CORPORATION

HOME OFFICE



P.O. BOX 737
NORRISTOWN, PENNSYLVANIA 19404
TELEPHONE 215-277-1010 CABLE: SPRAYCO

September 6, 1983

Commonwealth of Pennsylvania
Department of Environmental Resources
P.O. Box 2063
Harrisburg, PA 17120

Attention: Mr. Gayle Leader, Sanitary Engineer
Div. of Hazardous Waste Management

RE: PAD 042716084

Gentlemen:

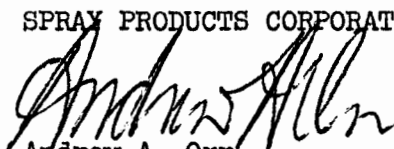
As requested, we have completed and are returning the Notification Form indicating a change in status at our facility.

As indicated in our earlier letters to U.S.E.P.A. and to your Regional Office in Norristown, we no longer plan to store ignitable waste for more than ninety (90) days. We have made arrangements with McKesson Envirosystems to remove our "dirty" wash solvent (ignitable waste) every sixty (60) days to seventy-five (75) days and replace it with "clean" wash solvent.

Mr. Anthony Taylor of your Norristown Office visited our facility on August 11, 1983, and with his assistance and the assistance of Emcon Associates, Pottstown, PA, we will make sure that proper closure documentation is prepared and that proper procedures are followed in operating as only a generator.

Sincerely,

SPRAY PRODUCTS CORPORATION


Andrew A. Orr
President

AAO/lmw

Pennsylvania Department of Environmental Resources
BUREAU OF SOLID WASTE MANAGEMENT
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

ER-SWM-53: Rev. 3/82

SEP 9 1983

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PAD042716084									
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III. INSTALLATION MAILING ADDRESS									
STREET OR P. O. BOX									
P.O. BOX 737									
CITY OR TOWN								ST.	ZIP CODE
NORRISTOWN								PA	19404
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STREET OR ROUTE NUMBER								MUNICIPALITY	
E/S CONSHOHOCKEN ROAD								PLYMOUTH TOWNSHIP	
CITY OR TOWN					ST.	ZIP CODE		COUNTY	
NORRISTOWN					PA	19401			
V. INSTALLATION CONTACT									
NAME AND TITLE (last, first, & job title)								PHONE NO. (area code & no.)	
OKK, ANDREW A. PRESIDENT								215 277 1010	
VI. OWNERSHIP									
A. NAME OF INSTALLATION'S LEGAL OWNER									
SPRAY PRODUCTS CORPORATION									
B. TYPE OF OWNERSHIP									
(enter the appropriate letter into box)									
F = FEDERAL M = NON-FEDERAL									
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VII. SIC CODES (4-digit in order of priority)									
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2899 (specify) CHEMICAL SPECIALTIES									
B. SECOND					D. FOURTH				
2851 (specify) AEROSOL PAINTS									
VIII. TYPE OF HAZARDOUS WASTE ACTIVITY									
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<input type="checkbox"/> B. TREAT <input type="checkbox"/> D. DISPOSE <input type="checkbox"/> F. PERMIT BY RULE <input type="checkbox"/> H. OTHER (specify):									
IX. MODE OF TRANSPORTATION (transporters only)									
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify):									
X. EXISTING ENVIRONMENTAL PROGRAM PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
B. UIC (Underground Injection of Fluids)					E. SOLID WASTE				
C. RCRA (Hazardous Wastes)					F. OTHER (specify)				
XI. TYPE OF NOTIFICATION									
Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).									
<input type="checkbox"/> A. FIRST NOTIFICATION <input type="checkbox"/> C. DELETION OF A WASTE <input checked="" type="checkbox"/> E. DELETION OF AN ACTIVITY									
<input type="checkbox"/> B. CHANGE OF GENERAL INFORMATION <input type="checkbox"/> D. ADDITION OF A WASTE <input type="checkbox"/> F. ADDITION OF AN ACTIVITY									

CONTINUE ON REVERSE

XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 575.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 0001	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 575.261(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 575.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 575.261(g)(2) through (5))

☒ 1. IGNITABLE ☐ 2. CORROSIVE ☐ 3. REACTIVE ☐ 4. EP TOXIC

XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Andrew A. Orr

NAME and OFFICIAL TITLE (Type or Print)

ANDREW A. ORR, PRESIDENT

DATE SIGNED

9/6/83

FOR OFFICIAL USE ONLY



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

AUG 15 1983

Mr. Richard Shipman
PA Department of Environmental Resources
Division of Hazardous Waste Management
Compliance Section
P.O. Box 2063
Harrisburg, PA 17120

Dear Rick:

Attached is another list of TSD facilities which are withdrawing their Part As. Please review your files and check with your regional offices in order to verify the facility's claims.

Thanks again for your cooperation in this matter.

Sincerely yours,

A handwritten signature in cursive script, reading "William L. Walsh", is written over the typed name.

William L. Walsh, EPA
Waste Enforcement Section

Attachment

cc: Jim Webb (3AW22)
Greg Koltonuk (3AW22)
Joanne McKernan (3AW32)
William Walsh (3AW22)

REGION I-NORRISTOWN

Greene, Tweed & Co., Inc.-Kulpsville-PAD 98 055 5197-7/15/83 letter to DER's central office states that the company switched to less than 90 day storage in October of 1982 and is now a generator only.

Greene, Tweed & Co., Inc.-North Wales-PAD 07 550 4795- Same as above.

Spray Products Corp.-Norristown-PAD 04 271 6084-7/25/83 letter to EPA ~~states that the facility will close its storage area in August and will switch to less than 90 day storage.~~

REGION V-PITTSBURGH

Drakenfeld Colors-Washington-PAD 04 173 1670-3/8/83 letter to Chuck Duritsa states that the site's treatment qualifies for a permit-by rule and a 6/3/83 letter to Gary Galida states that the storage is not greater than 90 days.

Koppers Co., Inc.-Morgan-PAD 00 080 0862-5/3/83 letter to Chuck Duritsa states that the facility is only a generator with storage under 90 days.

Koppers Co., Inc.-Petrolia-PAD 00 433 67310 Same as above, except letter was sent to Russ Crawford.

Teledyne Vasco-Colonial Plant-Monaca-PAD 00 065 1273-7/13/83 letter to Chuck Duritsa states that the facility's storage is under 90 days and their treatment qualifies for permit-by-rule. However, Part A shows treatment is impoundments. What is the situation here?

REGION VI-MEADVILLE

BFG Electroplating & Mfg. Co.-Punxsutawney-PAD 00 434 4008-7/18/83 letter to Gayle Leader states that the facility's storage and treatment tanks qualify for a permit-by-rule.

Elgin Electronics*-Waterford-PAD 00 042 8136-7/12/83 letter to DER's central office states that the storage is now for less than 90 days.



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAID042716084

SPRAY PRODUCTS CORPORATION
PO BOX 737
MORRISTOWN

PA RECEIVED

OCT 16 1980

INSTALLATION ADDRESS

E/S CONSHOHOCKEN RD
MORRISTOWN

PA 19401
SPRAY PRODUCTS CORP.



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•PAD042716084

INSTALLATION ADDRESS

SPRAY PRODUCTS CORPORATION
PO BOX 737
MORRISTOWN

PA 19404

E/S CONSHOHOCKEN RD
MORRISTOWN

PA 19401

I.D. - FOR OFFICIAL USE ONLY														
W	P	A	D	0	4	2	7	1	6	0	8	4	3	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
K078					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Andrew A. Orr</i>	NAME & OFFICIAL TITLE (type or print) PRESIDENT	DATE SIGNED 7/24/80
-----------------------------------	--	------------------------

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

PAD042716084

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

SPRAY PRODUCTS CORPORATION
PO BOX 737
MORRISTOWN, PA 13404

III. LOCATION OF INSTALLATION

E/S CONSHOHOCKEN RD
MORRISTOWN, PA 13404

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F - FEDERAL
M - NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete Item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

	1		2		3		4		5		6	
	23	-	26		23	-	26		23	-	26	
	7		8		9		10		11		12	
	23	-	26		23	-	26		23	-	26	

13	14	15	16	17	18
K076					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

49			50			51			52			53			54		
23	-	26	23	-	26	23	-	26	23	-	26	23	-	26	23	-	26

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(5000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NATURE
Andrew A. Cunniff

NAME & OFFICIAL TITLE (type or print)

PRESIDENT

DATE SIGNED

T/24/80

Hazardous Waste Quantity Notification

Business Name SPRAY PRODUCTS CORP
Business Address P.O. BOX 737
NORRISTOWN, PA. 19404
EPA ID Number PADO42716084

Hazardous Waste Generated

0 - 100 kg/month ☐

100 - 1000 kg/month ☐

1000 kg/month or more ☒

Andrew Orr - PRESIDENT - 11/14/85
Signature and Title
(ANDREW A. ORR)

RECEIVED

NOV 14 1985

SPRAY PRODUCTS CORP.



Official Business
Penalty for Private Use
\$300

FIRST-CLASS MAIL
POSTAGE & FEES PAID
EPA
PERMIT NO. G-35

United States
Environmental Protection
Agency

Washington DC 20460

JOHN A ARMSTEAD
VA/WV SECTION (3HW31)
US EPA REGION III
841 CHESTNUT ST.
PHILADELPHIA, PA 19107

EPA Form 5180-11 (5-79)

07/10/84



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III

841 Chestnut Building
Philadelphia, Pennsylvania 19107

SEP 12 1985

Dear Sir/Madam:

Beginning on August 5, 1985, Federal law requires that any firm that produces more than 100 kilograms (220 pounds or approximately one-half of a 55-gallon drum) of hazardous waste in a calendar month use the Uniform Hazardous Waste Manifest when shipping its hazardous waste off site. Under the new law, establishments that generate 100 kilograms but less than 1000 kilograms in a calendar month will be designated as small quantity generators, (SQG).

This letter is being sent to you because you notified EPA of your activity as a handler of hazardous waste, and therefore are subject to regulation under the Resource Conservation and Recovery Act (RCRA). As a generator of hazardous waste, please complete the attached form by entering your business name and address, the amount of hazardous waste generated at your facility and return the form to this office as soon as possible.

Your cooperation with this effort to identify the small quantity generator is appreciated and will be useful in maintaining an accurate data base of hazardous waste handlers. If you have any questions regarding the small quantity generator requirements, please contact Mr. John A. Armstead at (215) 597-7354 or at the above address.

Sincerely,

Robert L. Allen, Chief
Waste Management Branch

RECEIVED

NOV 14 1985

Attachment

SPRAY PRODUCTS CORP.

Hazardous Waste Quantity Notification

Business Name SPRAY PRODUCTS CORP
Business Address P.O. BOX 737
NORRISTOWN PA. 19404
EPA ID Number PADO42716084

Hazardous Waste Generated

0 - 100 kg/month ☐

100 - 1000 kg/month ☐

1000 kg/month or more ☒

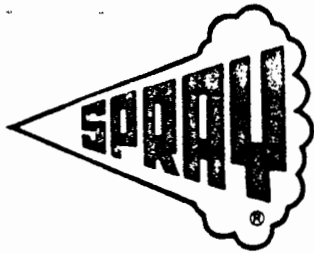
Andrew Orr - PRESIDENT - 11/14/85

Signature and Title
(ANDREW A. ORR)

RECEIVED

NOV 14 1985

SPRAY PRODUCTS CORP.



PRODUCTS CORPORATION

HOME OFFICE

P.O. BOX 737
NORRISTOWN, PENNSYLVANIA 19404
TELEPHONE 215-277-1010 CABLE: SPRAYCO

December 6, 1983

Mr. Gayle Leader
Sanitary Engineer
Division of Hazardous Waste Management
Department of Environmental Resources
Commonwealth of Pennsylvania
P.O. Box 2063
Harrisburg, PA 17120

RE: PAD042716084

Dear Mr. Leader:

At the request of Anthony Taylor, Solid Waste Specialist, DER, Norristown, PA, we are resubmitting the notification form showing a change in the designation of our waste from D001, ignitable waste, to U002, acetone, since acetone is the largest single component of our waste "wash" solvent.

To complicate matters, we are changing our wash solvent to a reclaimed product called Cyclesolv 60, an Inland Chemical product, which is a 60% minimum blend of ketones and esters, 40% maximum blend of alcohols and aromatic hydrocarbons, and 5% maximum chlorinated hydrocarbons. We are attempting to get a more definitive breakdown of the product, but in the meantime, we believe this should be designated as ignitable wastes, D001, and perhaps should be retained in our activity report. We would appreciate your advice on this.

We have also enclosed, at Mr. Taylor's request, quarterly reports for all those quarters in which waste was not removed from the site for recycling. We misunderstood the regulations and only filed when waste was shipped off the site.

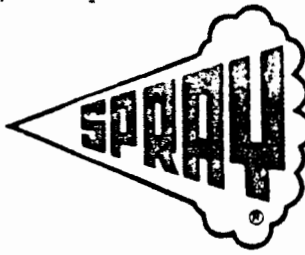
Sincerely,

SPRAY/PRODUCTS CORPORATION

Andrew A. Orr
President

AAO/lmw

Enclosures



PRODUCTS CORPORATION

HOME OFFICE

P.O. BOX 737
NORRISTOWN, PENNSYLVANIA 19404
TELEPHONE 215-277-1010 CABLE: SPRAYCO

November 28, 1983

Mr. Anthony Taylor
Solid Waste Specialist
Commonwealth of Pennsylvania
Department of Environmental Resources
1875 New Hope Street
Norristown, PA 19401

RE: Hazardous Waste Inspection
August 11, 1983
EPA ID No. PAD042716084

Dear Mr. Taylor:

Confirming our telephone conversation on November 23, 1983 concerning your letter of November 14, 1983 and the specific items therein:

1. We will comply with your request and change the waste designation from D001 to U001. However, it should be noted we are using another "wash" solvent, Cyclesolv 60, an Inland Chemical product, which is a 60% minimum blend of ketones and esters, 40% maximum blend of alcohols and aromatic hydrocarbons, and 5% maximum chlorinated hydrocarbons. This is a reclaimed product, and we are attempting to obtain a more definitive breakdown of the product.
2. We have been attempting since last August to obtain a letter from McKesson Envirosystems of New Castle, Kentucky. To date, we have been unsuccessful.
3. This condition was corrected immediately and we are now affixing the necessary labels to the containers.
4. This condition was corrected.
5. This condition was corrected.
6. These will be submitted immediately.

Mr. Anthony Taylor
November 28, 1983
Page 2

7. The primary discharge on the pad was an asphalt product used as a tree wound compound. Instructions have been issued to store empty drums in such a manner as to prevent spillage. Any solvent on the pad would have evaporated.
8. Initial drafting of a PPC Plan was begun in September. It is expected to be completed by the end of December.
9. As shown in your inspection report, we generate approximately 1753 kg./mo. or less of hazardous waste.

We have contracted for the building of a dike for containing our hazardous waste and have prepared procedures for regular inspections of the area. Finally, a draft of the closure plan was prepared in September and will be submitted with our PPC Plan.

Sincerely,

SPRAY PRODUCTS CORPORATION



Andrew A. Orr
President

AAO/lmw

Department of Environmental Resources

1875 New Hope Street
Norristown, PA 19401
215 631-2420

October 19, 1983

Mr. Andrew Orr, President
Spray Products Corporation
Box 737
Norristown, PA 19404

RECEIVED

OCT 24 1983

Re: Identification ^{WATER} ~~PERMIT~~ ^{PERMIT} ~~SECTION~~ ^{SECTION} 042716084

Dear Mr. Orr:

It has been determined by our staff that you are not a TSD facility or that you qualify under the permit by rule provision in our hazardous waste management rules and regulations.

Therefore, you will not have to submit a Part B hazardous waste permit application and we are returning your Part A application if you previously submitted one to the Department.

This means you no longer have interim status as a TSD facility and you may not engage in this type of activity at your facility. You will not be required to secure a hazardous waste management permit for your facility, but you are still subject to any portion of the hazardous waste management rules and regulations published in the Pennsylvania Bulletin September 4, 1982 which pertain to your facility. This includes the submission of a closure plan if you operated as a treatment storage or disposal facility after November 19, 1980.

If you qualify under the permit by rule provision of the regulations then you may continue to operate as a hazardous waste facility in accordance with NPDES or local sewer authority requirements.

This does not release you from Environmental Protection Agency requirements. You will have to contact their Philadelphia Regional Office to verify that you do not have to submit a Part B application to their agency.

If you have any questions concerning this, I can be reached at 631-2420.

Very truly yours,

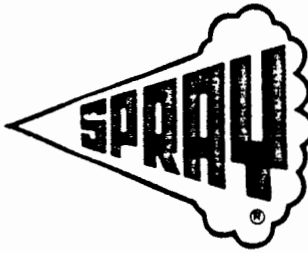
LAWRENCE H. LUNSK
Solid Waste Facilities Supervisor

cc: Plymouth Township
Montgomery County Health Commission
US EPA (Attn: 3AN32) ✓
Division of Hazardous Waste Management
Re 30 Z879.2

RECEIVED
Facilities Management Section

NOV 15 1983

U.S. EPA, Region III



PRODUCTS CORPORATION

HOME OFFICE

P.O. BOX 737
NORRISTOWN, PENNSYLVANIA 19404
TELEPHONE 215-277-1010 CABLE: SPRAYCO

September 6, 1983

Commonwealth of Pennsylvania
Department of Environmental Resources
P.O. Box 2063
Harrisburg, PA 17120

Attention: Mr. Gayle Leader, Sanitary Engineer
Div. of Hazardous Waste Management

RE: PAD 042716084

Gentlemen:

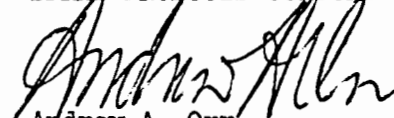
As requested, we have completed and are returning the Notification Form indicating a change in status at our facility.

As indicated in our earlier letters to U.S.E.P.A. and to your Regional Office in Norristown, we no longer plan to store ignitable waste for more than ninety (90) days. We have made arrangements with McKesson Envirosystems to remove our "dirty" wash solvent (ignitable waste) every sixty (60) days to seventy-five (75) days and replace it with "clean" wash solvent.

Mr. Anthony Taylor of your Norristown Office visited our facility on August 11, 1983, and with his assistance and the assistance of Emcon Associates, Pottstown, PA, we will make sure that proper closure documentation is prepared and that proper procedures are followed in operating as only a generator.

Sincerely,

SPRAY PRODUCTS CORPORATION


Andrew A. Orr
President

AAO/lmw

BUREAU OF SOLID WASTE MANAGEMENT
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

ER-SWM-53: Rev. 3/82

I. INSTALLATION'S EPA I.D. NUMBER

PAD042716084

II. NAME OF INSTALLATION

SPRAY PRODUCTS CORPORATION

III. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

P.O. BOX 737

CITY OR TOWN

NORRISTOWN

ST.

ZIP CODE

PA

19404

IV. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

E/S CONSHOHOCKEN ROAD

MUNICIPALITY

PLYMOUTH TOWNSHIP

CITY OR TOWN

ST.

ZIP CODE

COUNTY

NORRISTOWN

PA

19401

V. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

ORR, ANDREW A.

PRESIDENT

215

277

1010

VI. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

SPRAY PRODUCTS CORPORATION

B. TYPE OF OWNERSHIP

(enter the appropriate letter into box)

F = FEDERAL M = NON-FEDERAL

M

VII. SIC CODES (4-digit in order of priority)

A. FIRST

C. THIRD

2699

(specify)

CHEMICAL SPECIALTIES

B. SECOND

D. FOURTH

2851

(specify)

AEROSOL PAINTS

III. TYPE OF HAZARDOUS WASTE ACTIVITY

☒

A. GENERATION

☐

C. STORE

☐

E. TRANSPORTATION

☐

G. REUSE, RECYCLE, RECLAIM

☐

B. TREAT

☐

D. DISPOSE

☐

F. PERMIT BY RULE

☐

H. OTHER (specify)

IX. MODE OF TRANSPORTATION (transporters only)

☐

A. AIR

☐

B. RAIL

☐

C. HIGHWAY

☐

D. WATER

☐

E. OTHER (specify)

X. EXISTING ENVIRONMENTAL PROGRAM PERMITS

A. NPDES (Discharges to Surface Water)

D. PSD (Air Emissions from Proposed Sources)

B. UIC (Underground Injection of Fluids)

E. SOLID WASTE

C. RCRA (Hazardous Wastes)

F. OTHER

XI. TYPE OF NOTIFICATION

Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).

☐

A. FIRST NOTIFICATION

☐

C. DELETION OF A WASTE

☒

E. DELETION OF AN ACTIVITY

☐

B. CHANGE OF GENERAL INFORMATION

☐

D. ADDITION OF A WASTE

☐

F. ADDITION OF AN ACTIVITY

CONTINUE ON REVERSE

XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 0001	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from §75.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See §75.261(g)(2) through (5)).

☒ 1. IGNITABLE

☐ 2. CORROSIVE

☐ 3. REACTIVE

☐ 4. EXTREMELY TOXIC

XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Andrew A. Orr

NAME and OFFICIAL TITLE (Type or Print)

ANDREW A. ORR, PRESIDENT

DATE SIGNED

9/6/83

FOR OFFICIAL USE ONLY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
Post Office Box 2063
Harrisburg, Pennsylvania 17120
August 23, 1983



(717) 787-7381

Andrew Orr, President
Spray Products Corporation
P.O. Box 737
Norristown, PA 19404

Re: PAD 042716084

Dear Mr. Orr:

I have recently received a copy of your letter to Ms. Shirley Bulkin at EPA dated July 25 in which you request termination of your facility's hazardous waste storage status. Since Pennsylvania has the authority to conduct their own hazardous waste program, it is necessary that all changes in status be reported to this office. You may use the enclosed Notification Form for this purpose. The completed form and an explanatory letter should be sent to the address above.

If you have not already done so you must submit all closure documentation to our Regional Office in Norristown. This information should be sent to:

Wayne Lynn, Regional
Solid Waste Manager
Department of Environmental Resources
1875 New Hope Street
Norristown, PA 19401

If you have any questions, please call either the regional office at (215) 631-2420 or myself at the above number.

Sincerely,

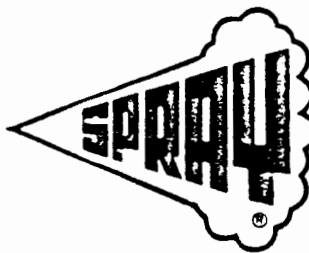
GAYLE LEADER
Sanitary Engineer
Division of Hazardous Waste Management

Enclosure

RECEIVED

AUG 29 1983

SPRAY PRODUCTS CORP.



PRODUCTS CORPORATION

HOME OFFICE

P.O. BOX 737
NORRISTOWN, PENNSYLVANIA 19404
TELEPHONE 215-277-1010 CABLE: SPRAYCO

July 25, 1983

Mr. Lawrence H. Lusk
Solid Wastes Facilities Supervisor
Commonwealth of Pennsylvania
Department of Environmental Resources
1875 New Hope Street
Norristown, PA 19401

RE: EPA I.D. No. PAD 04 271 6084

Dear Mr. Lusk:

Having reviewed the requirements for Part B of the application for a Hazardous Waste Management Facility Permit and the continuing requirements for the operation of the site, we have determined that we will remove the storage facility from the system. In the future we will contract to have our waste removed within 90 days of being placed in storage.

We will close the facility during August, 1983 and will retain Emcon Associates, Pottstown, PA to certify that the facility has been closed in accordance with the specifications of an approved closure plan.

Sincerely,

SPRAY PRODUCTS CORPORATION

Andrew A. Orr
Andrew A. Orr
President

AAO/lmw

cc: George W. Buchanan, Emcon Associates



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
1875 New Hope Street
Norristown, PA 19401
215 631-2420



October 19, 1983

Mr. Andrew Orr, President
Spray Products Corporation
Box 737
Norristown, PA 19404

Re: Identification No. PAD 042716084

Dear Mr. Orr:

It has been determined by our staff that you are not a TSD facility or that you qualify under the permit by rule provision in our hazardous waste management rules and regulations.

Therefore, you will not have to submit a Part B hazardous waste permit application and we are returning your Part A application if you previously submitted one to the Department.

This means you no longer have interim status as a TSD facility and you may not engage in this type of activity at your facility. You will not be required to secure a hazardous waste management permit for your facility, but you are still subject to any portion of the hazardous waste management rules and regulations published in the Pennsylvania Bulletin September 4, 1982 which pertain to your facility. This includes the submission of a closure plan if you operated as a treatment storage or disposal facility after November 19, 1980.

If you qualify under the permit by rule provision of the regulations then you may continue to operate as a hazardous waste facility in accordance with NPDES or local sewer authority requirements.

This does not release you from Environmental Protection Agency requirements. You will have to contact their Philadelphia Regional Office to verify that you do not have to submit a Part B application to their agency.

If you have any questions concerning this, I can be reached at 631-2420.

Very truly yours,

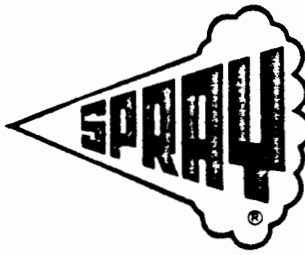
LAWRENCE H. LUNSK
Solid Waste Facilities Supervisor

cc: Plymouth Township
Montgomery County Health Commission
US EPA (Attn: 3AW32)
Division of Hazardous Waste Management
Re 30 Z879.2

RECEIVED

OCT 21 1983

SPRAY PRODUCTS CORP.



PRODUCTS CORPORATION

HOME OFFICE

P.O. BOX 737
NORRISTOWN, PENNSYLVANIA 19404
TELEPHONE 215-277-1010 CABLE: SPRAYCO

July 25, 1983

Ms. Shirley D. Bulkin
RCRA Administrative Support Section
Permits Enforcement Branch
Region III, U.S. Environmental Protection Agency
6th & Walnut Streets
Philadelphia, PA 19106

RE: EPA I.D. No. PAD 04 271 6084

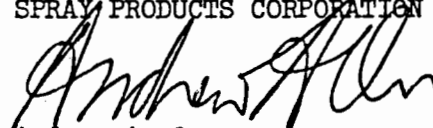
Dear Ms. Bulkin:

Having reviewed the requirements for Part B of the application for a Hazardous Waste Management Facility Permit and the continuing requirements for the operation of the site, we have determined that we will remove the storage facility from the system. In the future we will contract to have our waste removed within 90 days of being placed in storage.

We will close the facility during August, 1983 and will retain Emcon Associates, Pottstown, PA to certify that the facility has been closed in accordance with the specifications of an approved closure plan.

Sincerely,

SPRAY PRODUCTS CORPORATION


Andrew A. Orr
President

AAO/lmw

cc: George W. Buchanan, Emcon Associates



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

August 5, 1981

RECEIVED

AUG 10 1981

SPRAY PRODUCTS CORP.

Mr. Andrew A. Orr
Spray Products Corporation
P.O. Box 737
Norristown, PA 19404

Dear Mr. Orr:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

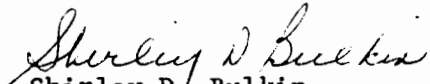
A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,


Shirley D. Bulkin

Chief, Administrative Support Section
Permit Enforcement Branch

Enclosure

CONDITIONS OF OPERATION DURING
INTERIM STATUS

Date Prepared: August 5, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

1. Facility name, location, and EPA Identification Number.

Name: Spray Products Corporation

Location: E/S Conshohocken Rd.
Norristown, PA 19401

EPA I.D. No.: PAD 04 271 6084

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: Mr. Andrew A. Orr-President

Operator's Name:

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
S01	10,000 Gals.
_____	_____
_____	_____
_____	_____
_____	_____

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

<u>D001</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

August 5, 1981

Mr. Andrew A. Orr
Spray Products Corporation
P.O. Box 737
Norristown, PA 19404

Dear Mr. Orr:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

Shirley D. Bulkin

Shirley D. Bulkin
Chief, Administrative Support Section
Permit Enforcement Branch

Enclosure

CONDITIONS OF OPERATION DURING
INTERIM STATUS

Date Prepared: August 5, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

I. Facility name, location, and EPA Identification Number.

Name: Spray Products Corporation

Location: E/S Conshohocken Rd.
Norristown, PA 19401

EPA I.D. No.: PAD 04 271 6084

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: Mr. Andrew A. Orr-President

Operator's Name:

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
S01	10,000 Gals.
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

<u>D001</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

RECORD OF COMMUNICATION

☒ PHONE CALL ☐ DISCUSSION ☐ LD TRIP ☐ CONFERENCE
☐ OTHER (SPECIFY)

(Record of item checked above)

TO: ANDREW A. ORR
SPRAY PRODUCTS CORP.

FROM: BILL WALSH
RASS

DATE 7/24/81
TIME 10:30 AM

SUBJECT

Annual Qty. of Waste

SUMMARY OF COMMUNICATION

I called Mr. Orr to ask him to convert his wastes annual quantity from gallons (G) to pounds (P). He said that on an average the waste (DOC) would weigh 7 lbs./gal. Therefore his annual qty. would be $15,000 \times 7 = 105,000$ lbs.

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:

RECORD OF COMMUNICATION PAD 04 271 6084		<input checked="" type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER (SPECIFY) _____	
TO: SPRAY PRODUCTS CORP ANDREW ORR		(Record of item checked above)	
		FROM: PAUL J. GOTTHOLD RCRA REGION III	DATE JULY 21, 1981 TIME 11:00 AM
SUBJECT NORRISTOWN FACILITY			
SUMMARY OF COMMUNICATION <p>• AM UPON RECEIPT OF THE SUSPENDED WASTE LETTER RESPONSE FROM SPRAY PRODUCTS, I CALLED MR. ORR. HE WILL CHANGE BY LETTER HIS WASTE CODE FROM K078 TO D001.</p>			
CONCLUSIONS, ACTION TAKEN OR REQUIRED			
INFORMATION COPIES TO:			



PRODUCTS CORPORATION

HOME OFFICE

P.O. BOX 737
NORRISTOWN, PENNSYLVANIA 19404
TELEPHONE 215-277-1010 CABLE: SPRAYCO

July 21, 1981

Mr. Paul Gotthold
RCRA Administrative Support Section
Permits Enforcement Branch
U.S. Environmental Protection Agency
Region III
6th & Walnut Streets
Philadelphia, PA 19106

RE: Hazardous Wastes -
EPA I.D. No. PAD 042716084

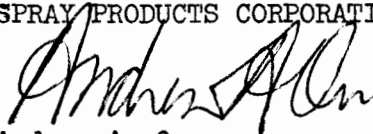
Dear Mr. Gotthold:

Confirming our telephone conversation, although our waste is a paint waste (K078) which has been temporarily suspended from the wastes list, we do feel that because of its ignitability characteristic it should remain subject to regulation under RCRA with the assigned EPA Hazardous Waste Number of D001.

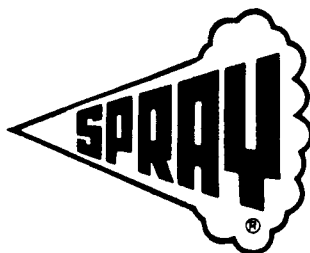
We will change our files and would appreciate your making the necessary changes in your files.

Sincerely,

SPRAY PRODUCTS CORPORATION


Andrew A. Orr
President

AAO/mm



PRODUCTS CORPORATION

HOME OFFICE

P.O. BOX 737
NORRISTOWN, PENNSYLVANIA 19404
TELEPHONE 215-277-1010 CABLE: SPRAYCO

July 14, 1981

Ms. Shirley D. Bulkin
RCRA Administrative Support Section
Permits Enforcement Branch
U.S. Environmental Protection Agency
Region III
6th & Walnut Streets
Philadelphia, PA 19106

RE: Paint Wastes - EPA I.D.
No. PAD 042716084

Dear Ms. Bulkin:

There is no doubt in our minds that our waste does remain subject to regulation under RCRA. Our waste is "dirty" wash solvent which is retained or stored on our premises prior to being sent to a solvent reclaimer.

Sincerely,

SPRAY PRODUCTS CORPORATION

Andrew A. Orr
President

AAO/mm



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

July 9, 1981

Mr. Andrew Orr, President
Spray Products Corporation
P. O. Box 737
Norristown, Penna. 19404

RECEIVED
JUL 13 1981
SPRAY PRODUCTS CORP.

RE: Paint Wastes - EPA I.D. No. PAD 04 271 6084

Dear Mr. Orr:

EPA has completed its initial review of your application to treat/store/dispose of hazardous waste under the Resource Conservation and Recovery Act ("RCRA"). The wastes listed as being handled by your facility have been temporarily suspended from regulation as a listed hazardous waste. An amendment to 40 CFR Part 261.32, Hazardous Waste from Specific Sources, was published in the Federal Register on January 16, 1981. This amendment temporarily suspended the listing of all wastes from the manufacture of paints (EPA Hazardous Waste Nos. F017, F018, K078, K079, K081, K082) until further study on those wastes has been conducted. However, wastes which exhibit any of the hazardous waste characteristics (i.e. reactivity, ignitability, corrosivity, and EP toxicity) as defined in 40 CFR Part 261 remain subject to regulation under RCRA.

In order for EPA to return your permit application, EPA requests that you make a determination as to whether or not the waste streams listed on your application are hazardous by one or more of the general characteristics. Ignitability and EP toxicity would be the characteristics which would most likely cause paint manufacturing wastes and residues to be defined as a hazardous waste. Your determination would best be supported by attaching a copy of a laboratory analysis although one is not necessarily required. In order to properly process your permit application and avoid further inquiries, a prompt response would be beneficial to yourself and EPA.

If you have any questions, please do not hesitate to contact Bill Walsh at (215) 597-1230.

All replies should be addressed to:

U.S. Environmental Protection Agency
Permits Enforcement Branch
6th and Walnut Streets
Philadelphia, PA 19106
Attn: Ms. Shirley D. Bulkin

Sincerely yours,

Shirley D. Bulkin
Shirley D. Bulkin
RCRA Administrative Support Section
Permits Enforcement Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

MAR 17 1981

Certified Mail
Return Receipt Requested

Mr. Andrew Orr
Spray Products Corporation
P.O. Box 737
Norristown, PA 19404

RECEIVED

MAR 24 1981

SPRAY PRODUCTS CORP.

Re: Hazardous Waste Permit Application--Incomplete Application
EPA I.D. Number: PAD 04 271 6084
Facility Name: Spray Products Corporation
Facility Location: E/S Conshohocken Road
Norristown, PA 19401

Dear Mr. Orr:

The Environmental Protection Agency (EPA) has reviewed for completeness Part A of a RCRA permit application for the facility referenced above. The Agency has determined that the Part A permit application is incomplete. The items we found missing from the application are marked on the enclosed check list. All missing items marked with an asterisk (*) should be completed on the application form and the form returned to this office by April 17, 1981.

If the applicant fails or refuses to correct the deficiencies in the application within the time set forth above, the Agency may (1) determine that the applicant failed to qualify for interim status; (2) deny the permit; and (3) commence enforcement action under applicable statutory authority, including Section 3008 of the Resource Conservation and Recovery Act.

If you have any questions, please contact Joan Henry on (215) 597-8751 or Bill Walsh on (215) 597-1230.

Sincerely yours,

Shirley D. Bulkin

Shirley D. Bulkin
Chief, RCRA Administrative Support Section
Permit Enforcement Branch
Enforcement Division

Enclosure

*Added unit of measure
to estimated annual quantity
3/24/81*



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

July 9, 1981

Mr. Andrew Orr, President
Spray Products Corporation
P. O. Box 737
Norristown, Penna. 19404

RE: Paint Wastes - EPA I.D. No. PAD 04 271 6084

Dear Mr. Orr:

EPA has completed its initial review of your application to treat/store/dispose of hazardous waste under the Resource Conservation and Recovery Act ("RCRA"). The wastes listed as being handled by your facility have been temporarily suspended from regulation as a listed hazardous waste. An amendment to 40 CFR Part 261.32, Hazardous Waste from Specific Sources, was published in the Federal Register on January 16, 1981. This amendment temporarily suspended the listing of all wastes from the manufacture of paints (EPA Hazardous Waste Nos. F017, F018, K078, K079, K081, K082) until further study on those wastes has been conducted. However, wastes which exhibit any of the hazardous waste characteristics (i.e. reactivity, ignitability, corrosivity, and EP toxicity) as defined in 40 CFR Part 261 remain subject to regulation under RCRA.

In order for EPA to return your permit application, EPA requests that you make a determination as to whether or not the waste streams listed on your application are hazardous by one or more of the general characteristics. Ignitability and EP toxicity would be the characteristics which would most likely cause paint manufacturing wastes and residues to be defined as a hazardous waste. Your determination would best be supported by attaching a copy of a laboratory analysis although one is not necessarily required. In order to properly process your permit application and avoid further inquiries, a prompt response would be beneficial to yourself and EPA.

If you have any questions, please do not hesitate to contact Bill Walsh at (215) 597-1230.

All replies should be addressed to:

U.S. Environmental Protection Agency
Permits Enforcement Branch
6th and Walnut Streets
Philadelphia, PA 19106
Attn: Ms. Shirley D. Bulkin

Sincerely yours,

Shirley D. Bulkin
RCRA Administrative Support Section
Permits Enforcement Branch



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

MAR 17 1981

Certified Mail
Return Receipt Requested

Mr. Andrew Orr
Spray Products Corporation
P.O. Box 737
Norristown, PA 19404

RECEIVED
MAR 24 1981
SPRAY PRODUCTS CORP.

Re: Hazardous Waste Permit Application--Incomplete Application
EPA I.D. Number: PAD 04 271 6084
Facility Name: Spray Products Corporation
Facility Location: E/S Conshohocken Road
Norristown, PA 19401

Dear Mr. Orr:

The Environmental Protection Agency (EPA) has reviewed for completeness Part A of a RCRA permit application for the facility referenced above. The Agency has determined that the Part A permit application is incomplete. The items we found missing from the application are marked on the enclosed check list. All missing items marked with an asterisk (*) should be completed on the application form and the form returned to this office by April 17, 1981.

If the applicant fails or refuses to correct the deficiencies in the application within the time set forth above, the Agency may (1) determine that the applicant failed to qualify for interim status; (2) deny the permit; and (3) commence enforcement action under applicable statutory authority, including Section 3008 of the Resource Conservation and Recovery Act.

If you have any questions, please contact Joan Henry on (215) 597-8751 or Bill Walsh on (215) 597-1230.

Sincerely yours,

Shirley D. Bulkin

Shirley D. Bulkin
Chief, RCRA Administrative Support Section
Permit Enforcement Branch
Enforcement Division

Enclosure

*Added unit of measure
to estimated annual quantity
3/24/81*



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # PAD042716084

December 22, 1980

Spray Products Corp.
Mr. Andrew Orr
P.O. Box 737
Morristown, Pa. 19404

Re: Acknowledgment of Application for
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

REQUEST FOR WITHDRAWAL FROM INTERIM STATUS

FACILITY NAME

Spray Products Corp.

FACILITY I.D. NO.

PAO 04 271 6084

CHECKLIST

No Part B Called In?

_____ Submit closure plan for review?

_____ Go through proper closure/post closure

_____ Approved?

_____ Claims corroborated by State/EPA inspection?

_____ Additional future inspections required?

WITHDRAWAL APPROVED

Signature

Date

GENERAL

I. EPA I.D. NUMBER PAD042716084

III. FACILITY NAME SPRAY PRODUCTS CORPORATION

V. FACILITY MAILING ADDRESS PO BOX 737
NORRISTOWN, PA 19404

VI. FACILITY LOCATION E/S CONSHOHOCKEN RD
NORRISTOWN, PA 19401

EPA I.D. NUMBER
PAD042716084

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

NAME OF FACILITY

1 SKIP SPRAY PRODUCTS CORPORATION

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)
2 ORR ANDREW PRESIDENT

B. PHONE (area code & no.)
215 277 1010

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX
3 PO BOX 737

B. CITY OR TOWN
4 NORRISTOWN

C. STATE
PA

D. ZIP CODE
19404

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
5 E/S CONSHOHOCKEN RD

B. COUNTY NAME
MONTGOMERY

C. CITY OR TOWN
6 NORRISTOWN

D. STATE
PA

E. ZIP CODE
19401

F. COUNTY CODE (if known)

C

C

C

C

CONTINUED FROM THE FRONT

II. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
2899 (specify) CHEMICAL PREPARATIONS N.E.C.				72851 (specify) MISC. PAINT PRODUCTS			
C. THIRD				D. FOURTH			
(specify)				(specify)			

III. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?			
SPRAY PRODUCTS CORPORATION												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)					
F = FEDERAL		M = PUBLIC (other than federal or state)		P (specify)		C		A		215		277		1010	
S = STATE		O = OTHER (specify)													
P = PRIVATE															
E. STREET OR P.O. BOX															
PO BOX 737															
F. CITY OR TOWN								G. STATE		H. ZIP CODE		IX. INDIAN LAND			
NORRISTOWN								PA		19404		Is the facility located on Indian lands?			
												<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)												D. FSD (Air Emissions from Proposed Sources)											
9 N												9 P											
B. UIC (Underground Injection of Fluids)												E. OTHER (specify)											
9 U												(specify)											
C. RCRA (Hazardous Wastes)												E. OTHER (specify)											
9 R												(specify)											

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

WE ARE A PACKAGER OF AUTOMOTIVE AND INDUSTRIAL CHEMICAL SPECIALTIES AND AEROSOL PAINTS. IN OUR PACKAGING PROCESS WE GENERATE "DIRTY" WASH SOLVENT FROM OUR CLEAN-UP OPERATION. THIS "DIRTY" PAINT SOLVENT IS STORED IN DRUMS FOR PICK-UP IN A TANK WAGON BY OUR SOLVENT RECLAIMER. THE YIELD OF "CLEAN" SOLVENT IS THEN RE-CYCLED.

XIII. CERTIFICATION (see instructions)

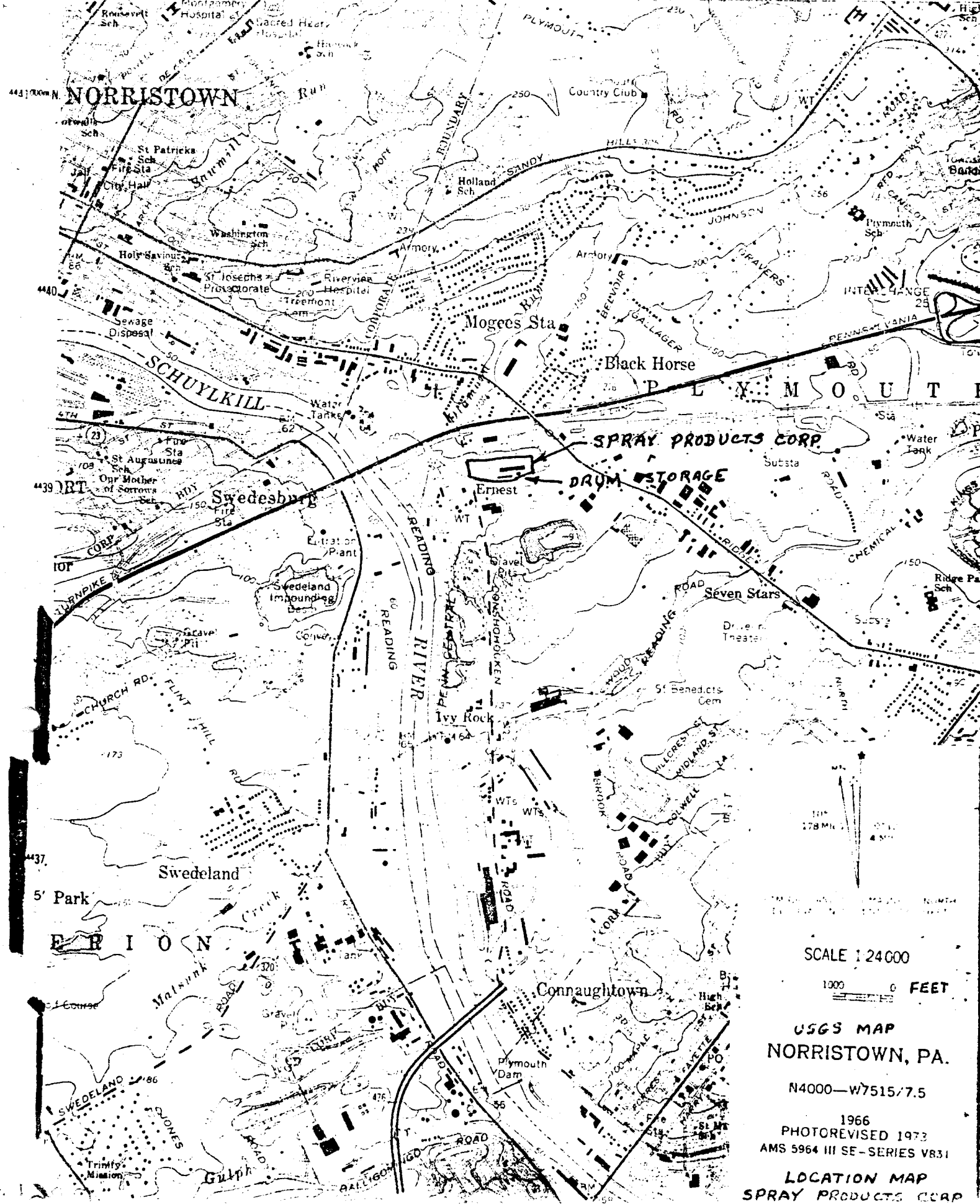
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
ANDREW A. ORR - PRESIDENT		<i>Andrew Orr</i>		11/12/80	

COMMENTS FOR OFFICIAL USE ONLY

C											
---	--	--	--	--	--	--	--	--	--	--	--

07'30" 471 20' 473 (LANGDALE) 474 17'30"



SCALE 1:24000

1000 0 FEET

USGS MAP
NORRISTOWN, PA.

N4000-W7515/7.5

1966
PHOTOREVISED 1973
AMS 5964 III SE-SERIES V831

LOCATION MAP
SPRAY PRODUCTS CORP

FORM 1 RCRA EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)				1. EPA I.D. NUMBER EPAD042716084			
FOR OFFICIAL USE ONLY									
APPLICATION APPROVED		DATE RECEIVED (yr, mo, & day)		COMMENTS					
II. FIRST OR REVISED APPLICATION									
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.									
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)									
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)				<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)					
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr, mo, & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left).				FOR NEW FACILITIES, PROVIDE THE DATE (yr, mo, & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN.					
YR.	MO.	DAY		YR.	MO.	DAY			
8	7	4	01						
B. REVISED APPLICATION (place an "X" below and complete Item I above)									
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS				<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT					
III. PROCESSES - CODES AND DESIGN CAPACITIES									
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).									
PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.									
1. AMOUNT - Enter the amount. 2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.									
PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY				
Storage:			Treatment:						
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY				
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY				
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR				
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY				
Disposal:									
INJECTION WELL	D79	GALLONS OR LITERS							
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER							
LAND APPLICATION	D81	ACRES OR HECTARES							
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY							
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS							
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE				
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A				
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F				
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B				
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q				
GALLONS PER DAY	U	LITERS PER HOUR	H						
DUP									
B. PROCESS DESIGN CAPACITY									
LINE NUMBER	A. PRO-CESS CODE (from list above)	1. AMOUNT (specify)					2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	
X-1	S02	600					G		
X-2	T03	20					E		
1	S01	10,000					G		
2									
3									
4									

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **A HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
							1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K	0	5	4	900	P	T 0 3 D 8 0	
X-2	D	0	0	2	400	P	T 0 3 D 8 0	
X-3	D	0	0	1	100	P	T 0 3 D 8 0	
X-4	D	0	0	2				Included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
WPA0042716084										DUP									
1 2 3 4 5 6 7 8 9 10										11 12 13 14 15 16 17 18 19 20									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
1	K078	15,000		501															
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
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18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	P	A	D	0	4	2	7	1	6	0	8	4	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

7	5	1	8	5	8
45	46	47	48	49	50

4	0	0	6	1	1
72	73	74	75	76	77

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE			
C	E	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35						
C	F	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53						

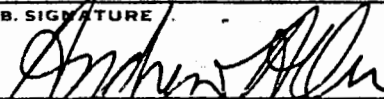
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

ANDREW A. ORR - PRESIDENT

B. SIGNATURE



C. DATE SIGNED

11/12/80

X. OPERATOR CERTIFICATION

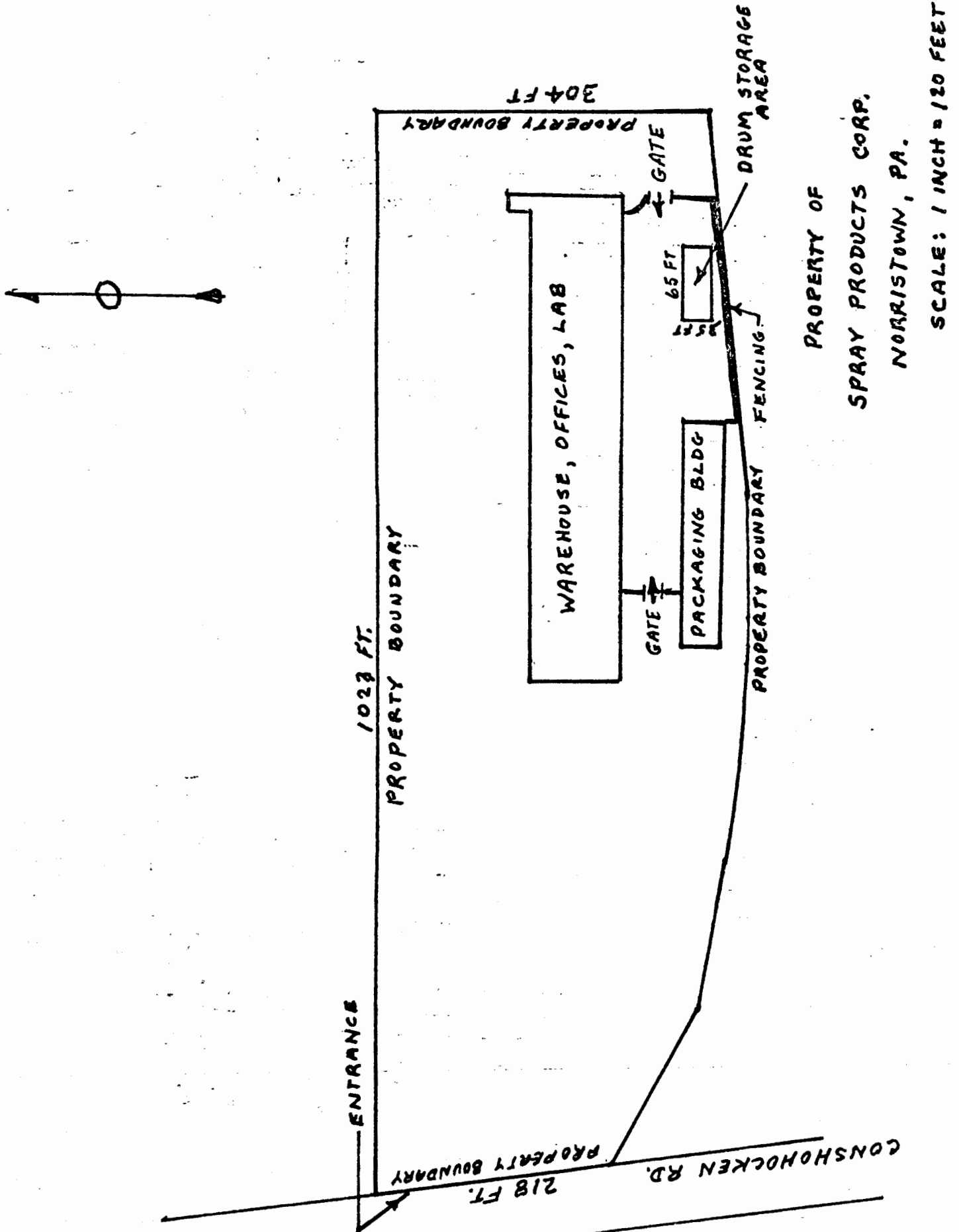
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

V. FACILITY DRAWING (see page 4)



PROPERTY OF
SPRAY PRODUCTS CORP.
NORRISTOWN, PA.

SCALE: 1 INCH = 120 FEET



PRODUCTS CORPORATION

HOME OFFICE

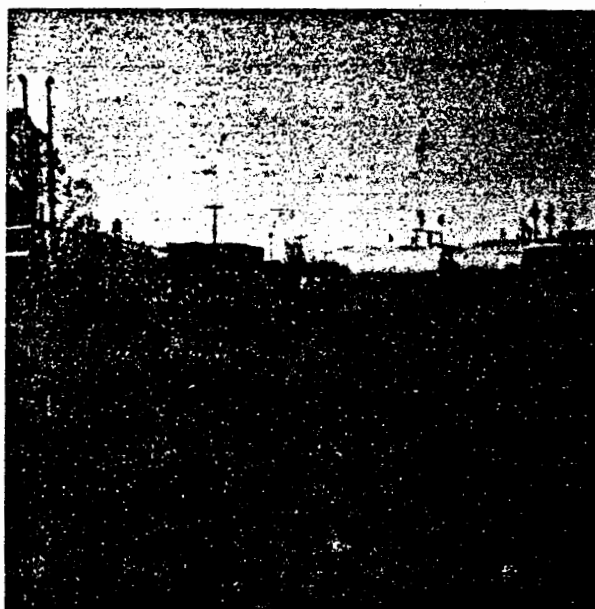
P.O. BOX 737
NORRISTOWN, PENNSYLVANIA 19404
TELEPHONE 215-277-1010 CABLE: SPRAYCO



- SPRAY PRODUCTS CORP.
MAIN WHSE & OFFICES 11/12/80 -
LOOKING SW



- SPRAY PRODUCTS CORP.
PACKAGING BLDG. 11/12/80 -
LOOKING WSW



- SPRAY PRODUCTS CORP.
DRUM STORAGE AREA 11/12/80 -
LOOKING WSW

FORM 1		SEP		NUMBER		PAD042716084	
GENERAL INSTRUCTIONS							
<p>If a preprinted label has been provided, enter it in the designated space. Review the information carefully. If any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent, fill the area to the left of the label space with the information that should appear, please provide it in the proper fill-in area below. If the label is complete and correct, you need not complete items I, III, V, and VI. Section VII which must be completed regardless. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorities under which this data is collected.</p>							
I. EPA I.D. NUMBER		PAD042716084					
II. FACILITY NAME		SPRAY PRODUCTS CORPORATION					
V. MAILING ADDRESS		PO BOX 737 NORRISTOWN, PA 19404					
VI. FACILITY LOCATION		E/S CONSHOHOCKEN RD NORRISTOWN, PA 19401					

II. POLLUTANT CHARACTERISTICS			
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any question, you must submit this form and the supplemental form listed in the parentheses following the question. Mark "X" in the box in the third column. If the supplemental form is attached, if you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.			
SPECIFIC QUESTIONS	YES	NO	FORM
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 3C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3E)	X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, liquid fluids used for enhanced recovery of oil or natural gas, or liquid fluids for storage of liquid hydrocarbons? (FORM 4G)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5I)		X	
B. Does or will this facility further existing or proposed include a conventional animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility further than those described in A or B above which will result in a discharge to waters of the U.S.? (FORM 3D)		X	
F. Do you or will you inject at this facility industrial or municipal effluents below the basement structure containing, within one quarter mile of the well bore, underground source of drinking water? (FORM 4F)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in the combustion of fossil fuel, or recovery of geothermal energy? (FORM 4H)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5J)		X	

III. NAME OF FACILITY			
SPRAY PRODUCTS CORPORATION			
IV. FACILITY CONTACT			
A. NAME & TITLE (Last, first, & title)		B. PHONE (area code & no.)	
MORR ANDREW PRESIDENT		215 277 1010	
V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
PO BOX 737			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
NORRISTOWN		PA	19404
VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
E/S CONSHOHOCKEN RD			
B. COUNTY NAME			
MONTGOMERY			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
NORRISTOWN		PA	19401

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
2899 (specify) CHEMICAL PREPARATIONS N.E.C.				72851 (specify) MISC. PAINT PRODUCTS			
C. THIRD				D. FOURTH			
7 (specify)				7 (specify)			

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
SPRAY PRODUCTS CORPORATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)		215 277 1010 C A	
E. STREET OR P.O. BOX			
P.O. BOX 737			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
NORRISTOWN		PA	19404
		IX. INDIAN LAND	
		Is the facility located on Indian lands?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9 N		9 P	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9 U		(specify)	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9 B		(specify)	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

WE ARE A PACKAGER OF AUTOMOTIVE AND INDUSTRIAL CHEMICAL SPECIALTIES AND AEROSOL PAINTS. IN OUR PACKAGING PROCESS WE GENERATE "DIRTY" WASH SOLVENT FROM OUR CLEAN-UP OPERATION. THIS "DIRTY" PAINT SOLVENT IS STORED IN DRUMS FOR PICK-UP IN A TANK WAGON BY OUR SOLVENT RECLAIMER. THE YIELD OF "CLEAN" SOLVENT IS THEN RE-CYCLED.

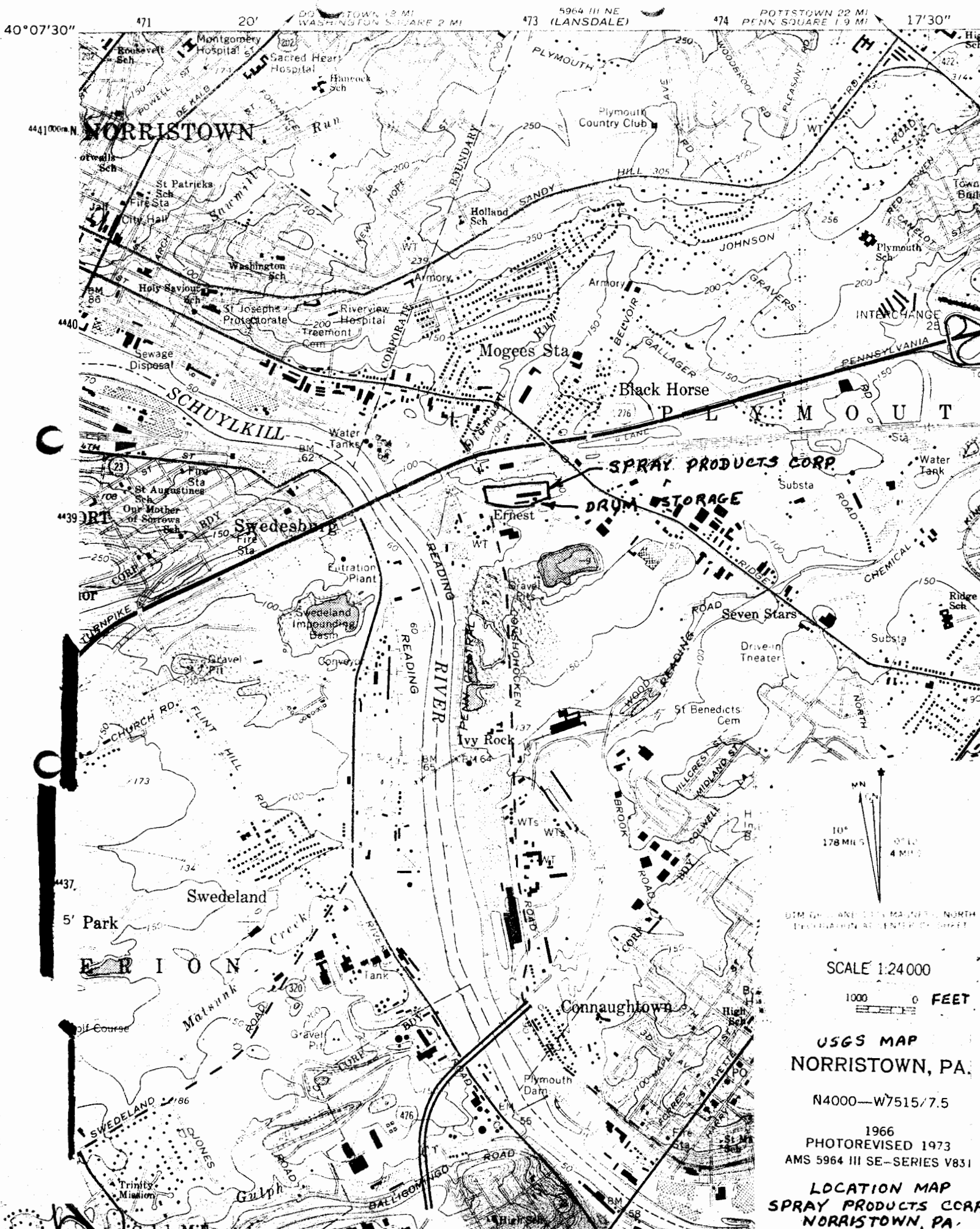
XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
ANDREW A. ORR - PRESIDENT	<i>Andrew Orr</i>	11/12/80

COMMENTS FOR OFFICIAL USE ONLY

--



10° 17' 30" N
178 MI 6
0° 12' 4 MI 6

SCALE 1:24 000

1000 0 FEET

USGS MAP
NORRISTOWN, PA.

N4000—W7515/7.5

1966
PHOTOREVISED 1973
AMS 5964 III SE—SERIES V831

LOCATION MAP
SPRAY PRODUCTS CORP.
NORRISTOWN, PA.

CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. J J J	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W P A D D 0 4 2 7 1 6 0 8 4													W DUP												
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26													1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
WASTE NO.		A. EPA HAZARD. WASTE NO. (enter code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE		C. UNIT OF MEASURE (enter code)		1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
1																									
2																									
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IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 2.

EPA I.D. NO. (enter from page 1)

S	F	P	A	D	0	4	2	7	1	6	0	8	4	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

7	5	1	8	5	8
55	56	57	58	59	60

4	0	0	6	1	1
72	73	74	75	76	77

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & number)

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		
17	18	19	20

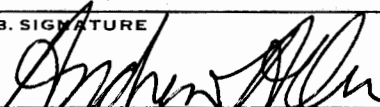
IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

ANDREW A. ORR - PRESIDENT

B. SIGNATURE



C. DATE SIGNED

11/12/80

X. OPERATOR CERTIFICATION

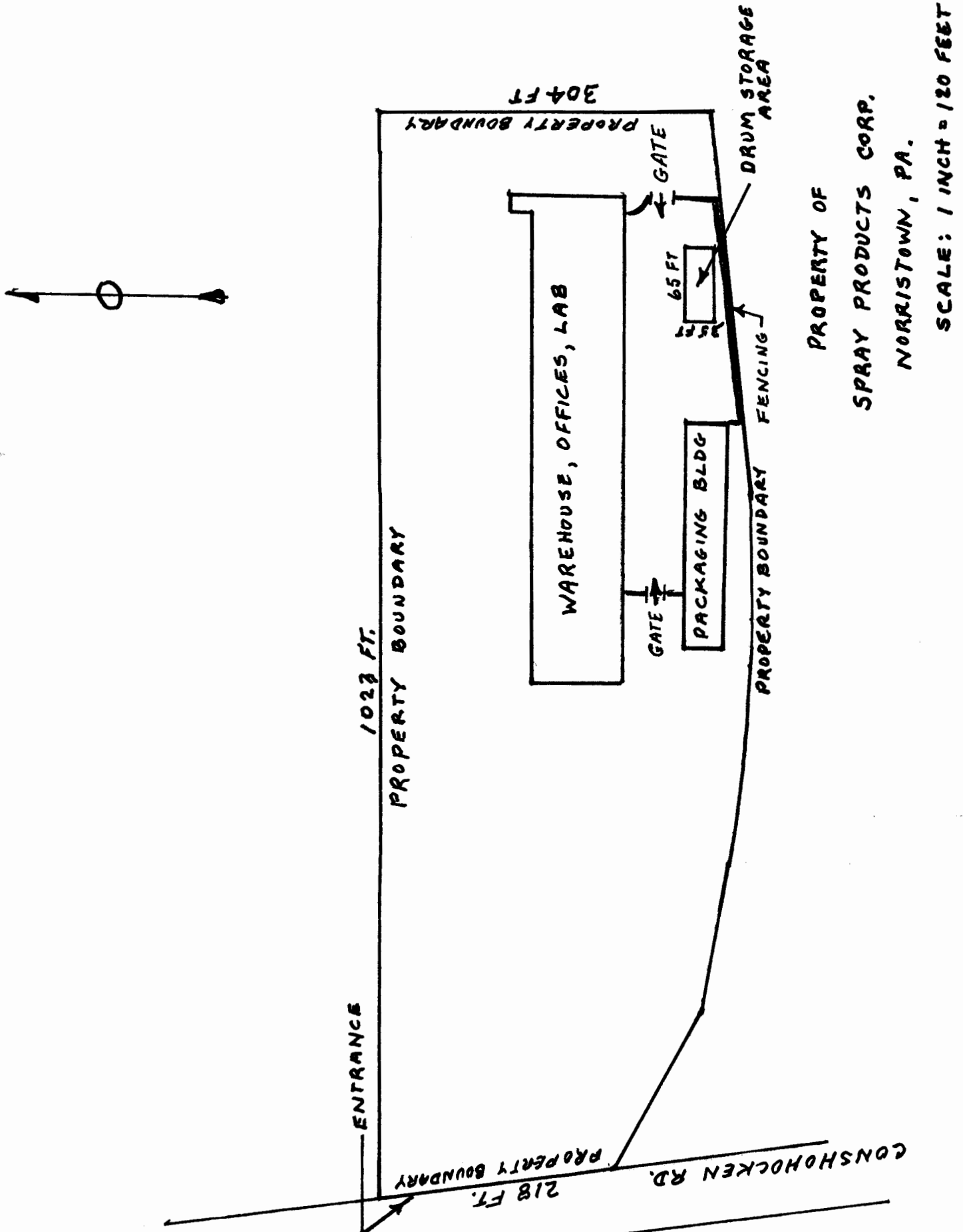
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

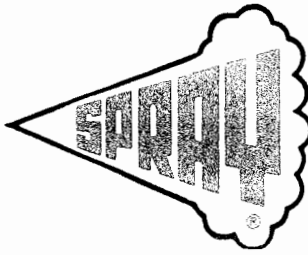
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

V. FACILITY DRAWING (see page 4)





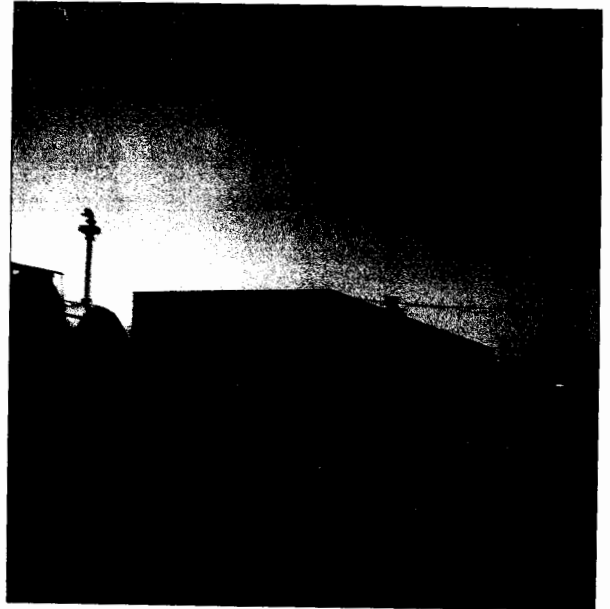
PRODUCTS CORPORATION

HOME OFFICE

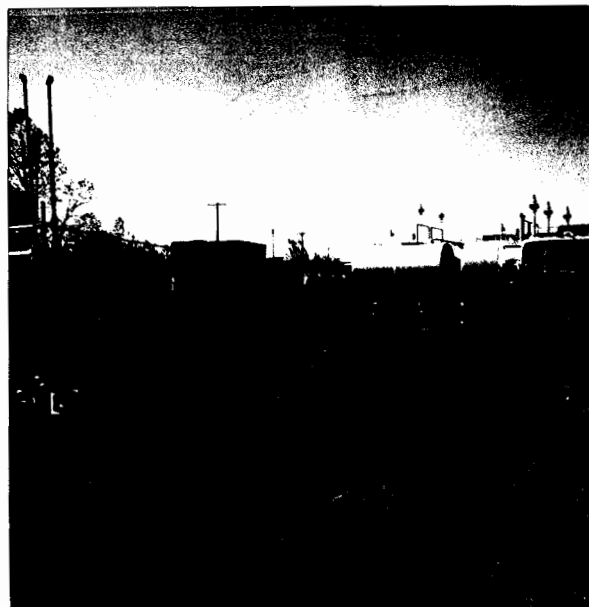
P.O. BOX 737
NORRISTOWN, PENNSYLVANIA 19404
TELEPHONE 215 277 1010 CABLE: SPRAYCO



- SPRAY PRODUCTS CORP.
MAIN WHSE & OFFICES 11/12/80 -
LOOKING SW



- SPRAY PRODUCTS CORP.
PACKAGING BLDG. 11/12/80 -
LOOKING WSW



- SPRAY PRODUCTS CORP
DRUM STORAGE AREA 11/12/80 -
LOOKING WSW